



DEFENSE COUNTERINTELLIGENCE AND SECURITY AGENCY
OFFICE OF PRIVACY, CIVIL LIBERTIES, AND FREEDOM OF INFORMATION
1137 BRANCHTON ROAD
BOYERS, PA 16018-0618

June 29, 2023

Attn: Ms. Emma Best
MuckRock News DEPT MR 61946
411A Highland Avenue
Somerville, MA 02144

Dear Ms. Best:

This is in reference to your Freedom of Information Act (FOIA) request to the Federal Bureau of Investigation (FBI) for information regarding records mentioning David P. Schippers. On May 23, 2023, the FBI forwarded documents under our purview for our review and response to you. We received your request in our office on June 1, 2023.

We reviewed the enclosed documents pursuant to the FOIA, title 5, United States Code §552. Review included consideration of the “foreseeable harm standard” (i.e., that information which might technically fall within an exemption should not be withheld from a FOIA requester unless the agency can identify a foreseeable harm or legal bar to disclosure). We have deleted information that is exempt from disclosure, as well as, withhold in full pages 14-20 pursuant to FOIA exemption (b)(6) and (b)(7)(C). These sections exempt information that could reasonably be expected to constitute an unwarranted invasion of privacy. Additionally, we withheld information pursuant to FOIA exemption (b)(3), which protects those records specifically exempt from release by statute. The relevant statutes are Section 6 of the Central Intelligence Agency Act of 1949, as amended, and section 102A(i)(l) of the National Security Act of 1947, as amended.

You have the right to appeal this response by submitting a written request to the: Defense Counterintelligence and Security Agency; ATTN: Office of General Counsel; 27130 Telegraph Road; Quantico, VA 22134. Clearly mark the outside of the envelope and your written appeal letter: “Privacy/FOIA Appeal”. Your appeal must be received by DCSA within ninety (90) calendar days from the date of this letter to be considered timely. Your written appeal letter should include the reasons why the requested information should be released and why this action may be in error. Include with your appeal letter a copy of your original request and this response letter. Please reference tracking number DCSA-B 23-08610.

The Federal Bureau of Investigation (FBI) has deleted information that is exempt from disclosure pursuant to FOIA exemptions (b)(6) and (b)(7)(C). These sections exempt information that could reasonably be expected to constitute an unwarranted invasion of privacy.

You may appeal the FBI’s (b)(6) and (b)(7)(C) redactions directly to the Department of Justice by submitting a written request to the Office of Information Policy, Sixth Floor, 441 G Street, NW, Washington, DC 20530-0001, or you may submit an appeal through OIP’s eFOIA portal at <https://www.justice.gov/oip/submit-and-track-request-or-appeal>.

Your appeal must be received by OIP within ninety (90) days from the date of this letter to be considered timely. The envelope and letter should be marked "Freedom of Information Appeal."


Mr. Schippers' file contains information that is the property of the Federal Bureau of Investigation (FBI). We referred that information to their office for an access decision and the FBI will respond directly to you.

You may seek dispute resolution services from the DCSA FOIA Public Liaison or the Office of Government Information Services (OGIS). The FOIA Public Liaison may be contacted by calling (571) 305-6740 or emailing dcsa.quantico.dcsa-hq.mbx.foia@mail.mil. OGIS was created to offer mediation services to resolve disputes between FOIA requesters and federal agencies as a non-exclusive alternative to litigation. You may contact OGIS in any of the following ways:

U.S. National Archives and Records Administration	Phone: 202-741-5770
Office of Government Information Services	Toll-Free: 1-877-684-6448
8601 Adelphi Road - OGIS	Fax: 202-741-5769
College Park, MD 20740-6001	Email: ogis@nara.gov

You may contact the Freedom of Information and Privacy office with questions regarding this response at 724-794-7185 and reference tracking number DCSA-B 23-08610.

Sincerely,

A handwritten signature in black ink, appearing to read "Christina F. Bianco". The signature is fluid and cursive, with a large initial "C" and "B".

Christina F. Bianco
Supervisory Government Information Specialist
Freedom of Information and Privacy Office for
Investigations

Enclosure:
As Stated



DEPARTMENT of DEFENSE
DEFENSE SECURITY SERVICE



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ALL PORTIONS OF THIS DOCUMENT ARE TO BE PROTECTED AS

FREL

Requested: Jun 22 2004

Subject: SCHIPPERS, DAVID PHILIP

SSN: (b)(6) (b)(7)(C)

Account & Use Codes: XD121 02

Remarks:

Batch Label: 606-CZU

Requester: (b)(6) (b)(7)(C)

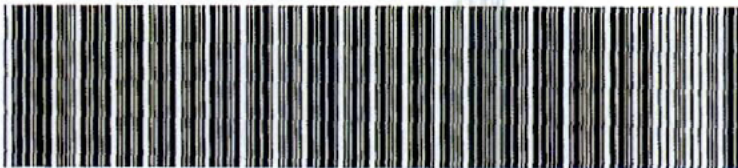
Agency: FEDERAL BUREAU OF INVESTIGATION

Requester Address:

935 PENNSYLVANIA AVE NW, ROOM 4370

WASHINGTON

DC 20535



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EXCEPT AS AUTHORIZED
BY THE DIRECTOR OF THE
FEDERAL BUREAU OF INVESTIGATION

[Header]

Date: 22 Jun 2004

Name: SCHIPPERS, DAVID PHILIP

SSN: (b)(6) (b)(7)(C)

[PriorFile]

Prior File



DEPARTMENT of DEFENSE
DEFENSE SECURITY SERVICE



FILE NO:

SCHIPPERS DAVID PHILIP

N (b)(6) (b)(7)(C)

SE190-DX4-0839-1B1

29/11/C4 17

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SPECIAL INSTRUCTIONS:



AHZ-089

It is certified that the material in this file is being retained pursuant to DoD Directive 5200.27, DSS Regulation 20-2 and DSS Manual 004-M.

Date Acquired SEP 08 1998

Signature

(b)(6) (b)(7)(C)

RETAIN FOR:

60 Days 1 Year 15 Years 25 Years Permanent

VMJ

When filled in

DOD REQUEST FOR PERSONNEL SECURITY INVESTIGATION

Form Approved
OMB No. 0704-0384
Expires Sep 30, 1998

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0384), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO ADDRESS IN ITEM 15.

1. CODE DDAADA		2. REQUESTER FILE NUMBER (Optional)		3. DATE OF REQUEST (MM/DD/YY) 06/25/98		4. THIS REQUEST IS FOR (X one)	
5a. FROM Chief, Security Operations Division WHS, OSD Room 3B347 Pentagon Washington, DC 20301-1155		5b. TO D.L.S. P.L.C.C. P.O. Box 18585 Baltimore, MD 21240-8585		<input checked="" type="checkbox"/> a. SINGLE SCOPE BACKGROUND INVESTIGATION (SSBI)		<input type="checkbox"/> b. PERIODIC REINVESTIGATION (PR)	
				<input type="checkbox"/> c. SPECIAL INVESTIGATIVE INQUIRY (SI)		<input type="checkbox"/> d. EXPANDED NATIONAL AGENCY CHECK (ENAC)	
				<input type="checkbox"/> e. OTHER (Specify in Remarks)			
				7. STATUS (X as applicable)			
				<input checked="" type="checkbox"/> a. ACCESS TO CLASSIFIED MATERIAL (X one)			
6. DO YOU DESIRE ADVANCE NOTICE OF NAC RESULTS (X one)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> CONFIDENTIAL <input type="checkbox"/> SECRET		<input checked="" type="checkbox"/> TOP SECRET	
8. SUBJECT OF INVESTIGATION							
a. NAME (LAST, First, Middle Name) (Last name in ALL CAPITALS) SCHIPPERS, DAVID, PHILIP				b. SOCIAL SECURITY NUMBER (b)(6) (b)(7)(C)			
c. MAIDEN NAME							
d. OTHER NAMES USED OR KNOWN BY NONE							
e. DATE OF BIRTH (MM/DD/YY) 11/04/29		f. PLACE OF BIRTH (City, County, State and Country) CHICAGO, IL		g. SEX MALE		<input checked="" type="checkbox"/> h. CRITICAL NUCLEAR WEAPON POSITION	
9. U.S. CITIZENSHIP VERIFIED (X one)		<input checked="" type="checkbox"/> a. YES <input type="checkbox"/> b. NO		c. VERIFICATION DOCUMENT REVIEWED PREVIOUS INVESTIGATION		<input type="checkbox"/> i. LIMITED ACCESS AUTHORIZATION (LAA)	
10. LOCAL FILES VERIFICATION/PRE-SCREENING INTERVIEW				11. PRIOR INVESTIGATION (X a, b, or c)			
TYPE (X as applicable)		DATE REVIEWED CONDUCTED (MM/DD/YY)		FILES VERIFICATION - UNFAVORABLE INFORMATION REVEALED (X one)		<input checked="" type="checkbox"/> a. YES (Type, Date, By Whom, and File Number)	
a.		b.		c.		SSBI REQ'D, DSS;	
(1) PERSONNEL				YES NO		1987 FBI INVESTIGATION	
(2) SECURITY							
(3) MEDICAL							
(4) BASE/MILITARY POLICE							
(5) AUTHORIZED PRE-SCREENING INTERVIEW							
(6) OTHER						<input type="checkbox"/> b. NO <input type="checkbox"/> c. UNKNOWN	
12. TITLE OR POSITION OF SUBJECT (If military, list rank and service; if U.S. Government employee, list grade; and if contractor employee, list job title.) CONGRESSIONAL YANKEE HILL						13. TS BULLET NUMBER	
14. ENCLOSURES (Please list. Use continuation sheets, if necessary.) SF 86 ORIGINAL + COPY; FD-258							
15. RETURN RESULTS TO: (Read instructions before completing this item.) Washington Headquarters Services Consolidated Adjudications Facility Crystal Square 2, Suite 212A 1725 Jefferson Davis Highway Arlington, VA 22202				FOR DIS USE ONLY			
Investigations conducted on Army, Navy, and Air Force military personnel will be returned only to the parent service for adjudication regardless of the source of the original request.				CCN (Case Control Number) (1 - 15) 98190 DX4 0839 1B1		DIS CLOSING STAMP	
				(16 - 22) DDO		(b)(6) (b)(7)(C)	
				PS (72 - 73) 17 YH (74 - 75)		Director, PIC	
				SV (76) U XX (77 - 78)		SSBI	
				R (A) I N		COMPLETED	
				SEP 08 1998		DATE COMPLETED	

DD FORM 1879, SEP 95 (EG)

PREVIOUS EDITION IS OBSOLETE.

(When filled in)

Page 1 of 4 Pages
Designed using Perform Pro, WHS/DIOR, Sep 95

(When filled in)

16. REASON ACCESS TO CLASSIFIED INFORMATION OR INVESTIGATION IS REQUIRED (Provide description of duties warranting access/ investigation. Contractors must list contract number.)		
17. HISTORY OF GOVERNMENT EMPLOYMENT AND/OR CURRENT MILITARY SERVICE INDICATED ON ATTACHED SF 85P/SF88 IS (X one)		
<input type="checkbox"/> a. CORRECT	<input type="checkbox"/> b. PARTIALLY CORRECT (Explain in Remarks)	<input type="checkbox"/> c. COULD NOT BE VERIFIED (Explain in Remarks)
18. REMARKS (Use continuation sheet(s), if necessary.)		
EDUCATION VERIFICATION: TRANSCRIPT FOR LL.B. 10 JUNE 59, LOYOLA UNIVERSITY SCHOOL OF LAW.		
19. INVESTIGATION VALIDITY CERTIFICATION		
I certify that the information provided on this form is true to the best of my knowledge and that the above named individual has the need for the indicated clearance to perform assigned duties.		
a. TYPED NAME OF CERTIFIER (Last, First, Middle Name) (b)(6) (b)(7)(C)		b. TITLE OF CERTIFIER CHIEF, SECURITY OPERATIONS DIVISION
c. SIGNATURE OF CERTIFIER (b)(6) (b)(7)(C)	d. DATE SIGNED BY CERTIFIER (MM/DD/YY) 06/25/98	e. TELEPHONE NUMBER (Include Area Code) (b)(6) (b)(7)(C)
20. EMPLOYEE'S IMMEDIATE SUPERVISOR'S CERTIFICATION		
<input type="checkbox"/> I am aware of adverse information concerning the individual named on the front of this form.		
<input type="checkbox"/> I am not aware of any adverse information concerning the individual named on the front of this form.		
If you are aware of adverse information, you must reflect that information in the space below. Use continuation sheets, if necessary. Complete items 20.a. through 20.f.		
a. ADVERSE INFORMATION (If none, indicate "None.")		
b. IMMEDIATE SUPERVISOR (Last, First, Middle Name)		c. TITLE
d. SIGNATURE	e. DATE SIGNED (MM/DD/YY)	f. TELEPHONE NUMBER (Include Area Code)

D42CH REPORT OF INVESTIGATION DATE: 24 Jul 98/205

CCN: 98190-DX4-0839-1B1
LEAD(S): I:98195STATUS: RUC
MADE BY: (b)(6) (b)(7)(C) 0249
DISTRIBUTION:

COPY TO:

SUBJECT: SCHIPPERS DAVID PHILIP /
SEX: M SSN: (b)(6) (b)(7)(C) DOB: 04 Nov 29 POB: 17 (ILLINOIS)

WARNING: This document is the property of the Defense Investigative Service. Contents may be disclosed only to persons whose official duties require access hereto. Contents may not be disclosed to the party(s) concerned without specific authorization from the Defense Investigative Service.

INVESTIGATIVE RESULTS

The record checks and interviews, as appropriate, were favorable and interviewees recommended Subject for a position of trust, unless otherwise indicated.

EMPLOYMENT

1. Schippers (b)(6) (b)(7)(C) as reviewed by (b)(6) (b)(7)(C), from Sep 95 to present. (PSQ reflects 1985 as year Subject started employment.) (0249) (20 Jul 98)

EMPLOYMENT REFERENCES

2. (b)(6) (b)(7)(C) fully identified above, with weekly contact as co-worker and friend from Sep 56 to Dec 94 and daily contact as (b)(6) (b)(7)(C) and friend from Jan 95 to present. (0249) (20 Jul 98)
3. (b)(6) (b)(7)(C) with weekly contact as friend from Summer 88 to Jul 93 and daily contact as co-worker and friend from Aug 93 to present. (0249) (20 Jul 98)

LISTED REFERENCES

4. (b)(6) (b)(7)(C) with weekly contact as co-worker and friend from Summer 85 to present. (0249) (21 Jul 98)

DEVELOPED REFERENCES

5. (b)(6) (b)(7)(C), Chicago, IL, with bi-weekly contact as colleague and friend from Jan 75 to Dec 93 and daily contact

FIMS2

RRB

RRB

JLC

Page: 01

as colleague and friend from Jan 94 to present and monthly social contact from Jan 78 to present. (0249) (23 Jul 98)

NEIGHBORHOOD INVESTIGATIONS

6. (b)(6) (b)(7)(C) Northbrook, IL, with weekly contact as neighbor and friend from Aug 64 to present. (0249) (21 Jul 98)

STATE AGENCY CHECK

7. A check of the Illinois Law Enforcement Agencies Data System (LEADS), which maintains arrest records for all police departments in Illinois, disclosed no criminal record. (PS) (23 Jul 98)

***** E N D O F D O C U M E N T *****

D15KS REPORT OF INVESTIGATION DATE: 19 Aug 98/231

CCN: 98190-DX4-0839-1B1
LEAD(S): I:98195
STATUS: RUC
MADE BY: (b)(6) (b)(7)(C) 1521
DISTRIBUTION:

COPY TO:

SUBJECT: SCHIPPERS DAVID PHILIP /
SEX: M SSN: (b)(6) (b)(7)(C) DOB: 04 Nov 29 POB: 17 (ILLINOIS)

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INVESTIGATIVE RESULTS

The record checks and interviews, as appropriate, were favorable and interviewees recommended Subject for a position of trust, unless otherwise indicated.

EMPLOYMENT

1. Subject's developed employment as an instructor at Loyola University School of Law, Chicago, IL from approximately 1970's/1980's to present was verified by (b)(6) (b)(7)(C) fully identified immediately below. (1521)

LISTED REFERENCE

2. (b)(6) (b)(7)(C), with professional contact in passing from 1975 to 1983 and three to four times weekly from 1983 to Apr 98; and with daily contact as professional associate and neighbor from Apr 98 to present. (1521) (18 Aug 98)

DEVELOPED REFERENCE

3. (b)(6) (b)(7)(C) Alexandria, VA 22312 with professional or casual contact every one to two months from 1975/76 to Apr 98, and daily contact as professional associate and neighbor from Apr 98 to present. (1521) (18 Aug 98)

4. On 18 Aug 98, (b)(6) (b)(7)(C) Alexandria, VA 22312 was interviewed regarding Subject. She has had almost daily professional contact from 1976 to present, and daily contact as neighbor from Apr 98 to present. (b)(6) (b)(7)(C) is the wife

FIMS2

PM

PM

RJB

Page: 01

of (b)(6) (b)(7)(C) (b)(6) (b)(7)(C) addressed a law suit, but otherwise spoke very highly of Subject and recommended him for a position of trust.

LAW SUIT

(b)(6) (b)(7)(C) acknowledged that Subject was named in an on-going law suit which was filed against her. However, she advised that his involvement was solely that of a Registration Agent (RA). She explained that a business such as her's is required to have an attorney to act as an RA. She denied that Subject has been involved in any wrong doing and is otherwise not accused of doing so. (1521)

NEIGHBORHOOD INVESTIGATION

5. (b)(6) (b)(7)(C) Alexandria, VA 22312 with daily professional contact from 1980 to 1986, every two months casual social contact from 1986 to Apr 98, and with daily contact as neighbor and professional associate from Apr 98 to present. (1521) (18 Aug 98)

LOCAL AGENCY CHECK

6. Metropolitan Police Department, Washington, DC. (T0055)

MEDICAL

7. On 24 Aug 98, (b)(6) (b)(7)(C) Highland Park, IL 60035 responded that neither Subject's condition, nor his treatment, could impair his judgement or reliability. (1521)

SUBJECT INTERVIEW

8. On 11 Aug 98, David P. Schippers, Chief Investigative Counsel, House Committee on the Judiciary (HCJ), was interviewed as part of a Single Scope Background Investigation. The interview required 55 minutes and addressed an unlisted employment, a law suit, a complaint, foreign travel, and counseling. No other new pertinent information was developed.

UNLISTED EMPLOYMENT

Subject advised that he has taught a course for attorneys at Loyola University School of Law, Chicago, IL "on and off" for the past ten to 20 years. This is a one week course held on an annual basis. He had inadvertently neglected to reflect this employment.

LAW SUIT

Subject addressed his listed law suit as follows: He had leased office space to the plaintiff and (b)(6) (b)(7)(C) for them to run a small business. A feud developed between the plaintiff and (b)(6) (b)(7)(C) which caused the plaintiff to accuse (b)(6) (b)(7)(C) of diverting business to a new business run by (b)(6) (b)(7)(C). Subject denied being involved in the alleged wrong-doing, and opined that his name was subsequently added to the suit to pressure (b)(6) (b)(7)(C) into settling the case. The suit is ongoing.

Subject also advised that he was sued in approximately 1995/96 in Circuit Court of Walworth Co., WI by a (b)(6) (b)(7)(C). He explained that he

was serving as a public defender under the Federal Defender Program (FDP) and had hired (b)(6) (b)(7)(C) as an expert analyst. (b)(6) (b)(7)(C)'s bill to the court was considered excessive under the guidelines of the FDP. This led (b)(6) (b)(7)(C) to sue Subject for payment. Subject stated that the suit was quickly thrown out. Subject did not list this on his QNSP because it was not current.

Subject denied any other suits and he denied that he could be pressured in any way due to the above.

COMPLAINT

Subject volunteered that complaints are routinely filed with the Disciplinary Commission by convicted defendants against their attorney. Subject advised that two were filed against him during the 1980's for which he was exonerated. One complaint was for ineffective counsel and another was by a man who had decided to turn State's evidence, but then changed his mind. He advised that he notified U.S. Representative (b)(6) (b)(7)(C) of these.

Subject denied that he could be pressured in any way due to the above.

FOREIGN TRAVEL

Subject's listed foreign travel was explored with him and revealed nothing of a security significance.

COUNSELING

When asked about counseling, Subject volunteered the following: He had been suffering from occasional depression which his family physician opined was due to a medical ailment. No counseling was given or suggested, but the doctor, (b)(6) (b)(7)(C) Highland Park, IL prescribed an anti-depressant which Subject takes "on and off" as needed. Subject did not list this on his QNSP because it was a medical matter, rather than a mental/emotional matter. He denied any other such treatment. He denied that he could be pressured in any way due to this. Upon request, Subject signed an Authorization for Release of Medical Information. (1521)

***** END OF DOCUMENT *****

DVAXX

REPORT OF INVESTIGATION

DATE: 17 Jul 98/198

CCN: 98190-DX4-0839-1B1
LEAD(S): I:98195

STATUS: RUC
MADE BY: (b)(6) (b)(7)(C) T0235
DISTRIBUTION:

COPY TO:

SUBJECT: SCHIPPERS DAVID PHILIP /
SEX: M SSN: (b)(6) (b)(7)(C) DOB: 04 Nov 29 POB: 17 (ILLINOIS)

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INVESTIGATIVE RESULTS

The record checks and interviews, as appropriate, were favorable and interviewees recommended Subject for a position of trust, unless otherwise indicated.

LOCAL AGENCY CHECKS

1. Central Criminal Records Exchange (CCRE), Virginia State Police, Richmond, VA. (T0235)

The CCRE is the central repository for all felony and serious misdemeanor arrest information throughout the Commonwealth of Virginia.

2. Department of Motor Vehicles (DMV), Richmond, VA. (T0235)

The DMV is the central repository for licensing of drivers and/or arrest history information throughout the Commonwealth of Virginia.

***** END OF DOCUMENT *****

FIMS2

J_W

J_W

Page: 01

DIS REPORT OF NAC/ENTNAC		DATE SEP 11 1998	98195-8537	
CODE D0601	CONTROL CCN= 98190-DX4-0839-1B1	STATUS CLOSED		
DISTRIBUTION DIS D0620		COPY TO		
MADE BY DIS, PO BOX 28989, BALTIMORE, MD 21240-8989				
SEX M	SOCIAL SECURITY NO. (b)(6) (b)(7)(C)	FORMER MIL. SV. NO.	BIRTH (DATE) 29 11 04	(GPC) 17
(PLACE)				

NI TITLE
SCHIPPERS DAVID PHILIP

NAC CONDUCTED, INCLUDING DCII CHECK. THE FOLLOWING AGENCIES WERE CHECKED WITH RESULTS AS INDICATED.

FAVORABLE

1. FBI - IDENT. DIV. FINGERPRINT CHECK.
2. CREDIT BUREAU CHECKS.
3. (b)(3)

OTHER

4. FBI - HEADQUARTERS. RESULTS ATTACHED.
5. OFFICE OF PERSONNEL MANAGEMENT. see remarks.

(b)(6) (b)(7)(C)
DIRECTOR, PIC

THIS DOCUMENT INCORPORATES RESULTS OF CHECKS OF NATIONAL AGENCIES, CONDUCTED IN ACCORDANCE WITH DOD DIRECTIVE 5200.2-R. IT DOES NOT CONSTITUTE A GRANTING OR DENIAL OF A CLEARANCE. ON COMPLETION OF THE REQUIRED PERSONNEL SECURITY DETERMINATION, THIS FORM, ACCOMPANYING DOCUMENTS, IF ANY, AND ALL REPRODUCTIONS MUST BE DESTROYED.

CLASSIFICATION		XX		
PAGE RON 1 LAST		XX		
		XX		
		XX		

RON.FRM

DEPARTMENT OF DEFENSE - DEFENSE INVESTIGATIVE SERVICE
STANDARD SYSTEM DOCUMENT DIS FORM 1 (9-72)

DEFENSE INVESTIGATIVE SERVICE
NATIONAL AGENCY CHECK

AGCY: DIS

TAPE: 100373

DATE: 07/16/1998

CIDN: 0981958537

NAME: SCHIPPERS, DAVID PHILIP

AKA:

DOB: 11/04/1929

POB: IL

SOC: (b)(6) (b)(7)(C)

SEX: M

RACE: U

ADDR:

EMPL:

MISC:

UTD:

FBI CENTRAL RECORDS SYSTEM
RESPONSE TO AN AUTOMATED INDICES RECORD CHECK
(DOES NOT INCLUDE A FINGERPRINT CHECK)

SEQUENCE NO: 1000349365

ORI NO: USDIS000Z

In response to your request
there are attached *3 items*
~~reports~~ which appear to relate
to the subject of your inquiry

This reply is a result of a
check of FBI Headquarters
investigative files only. To
check arrest records, request
must be submitted to FBI
Criminal Justice Information
Services Division. Fingerprints
are necessary for a positive
check.

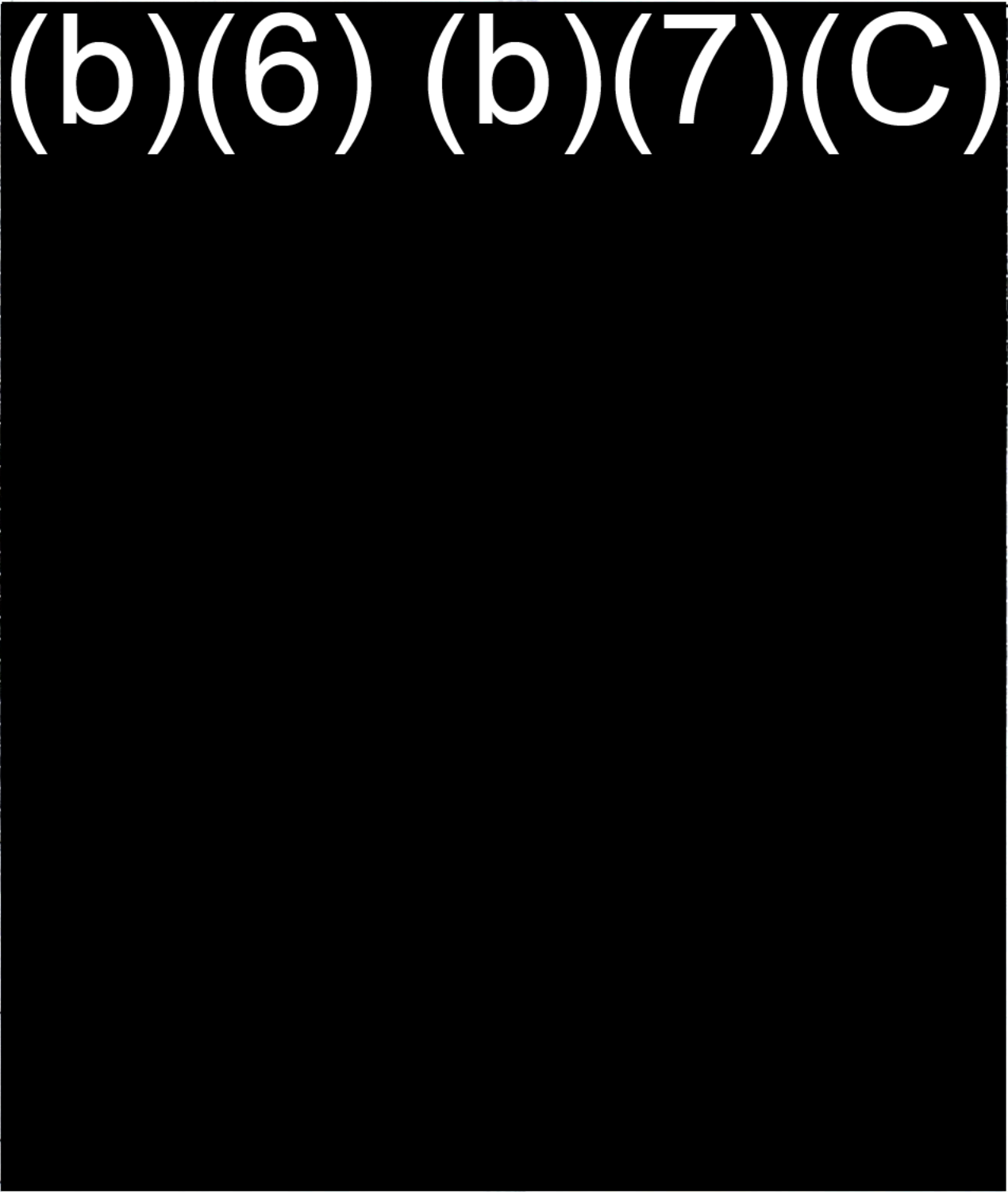
AUG 06 1998
① R556



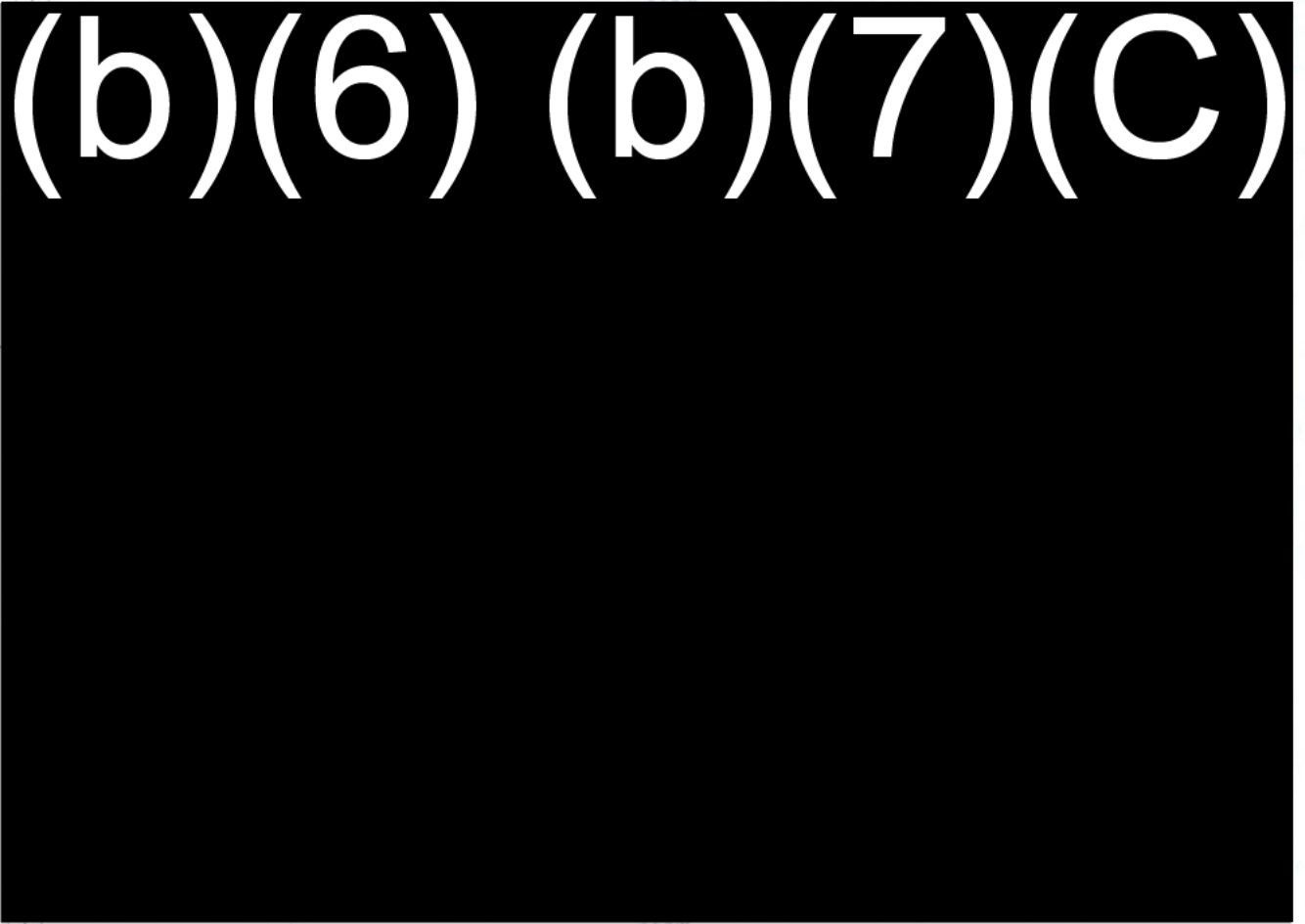
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NR:.....
FR:.....
NR:.....
EAU#:.....

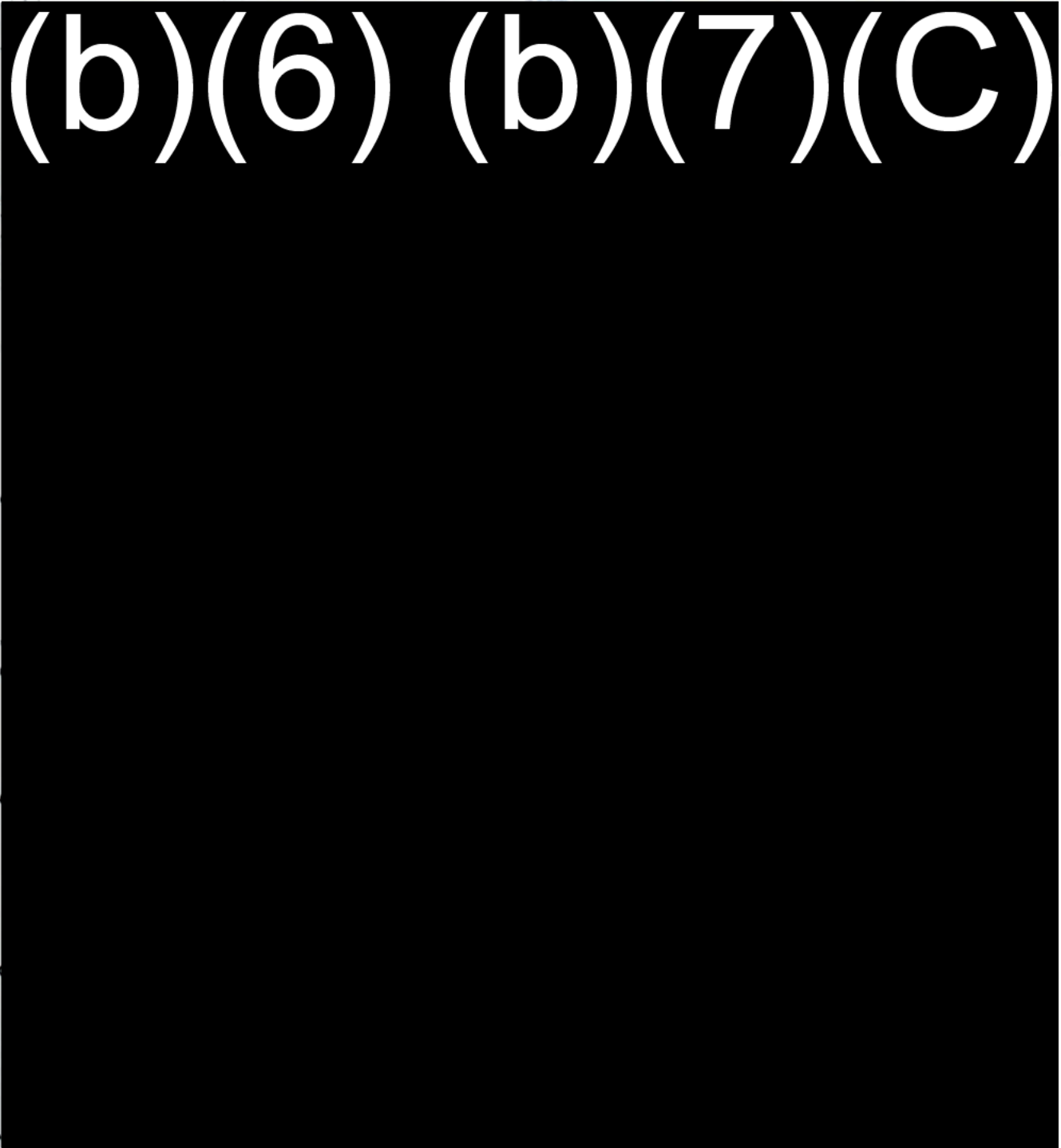
(b)(6) (b)(7)(C)



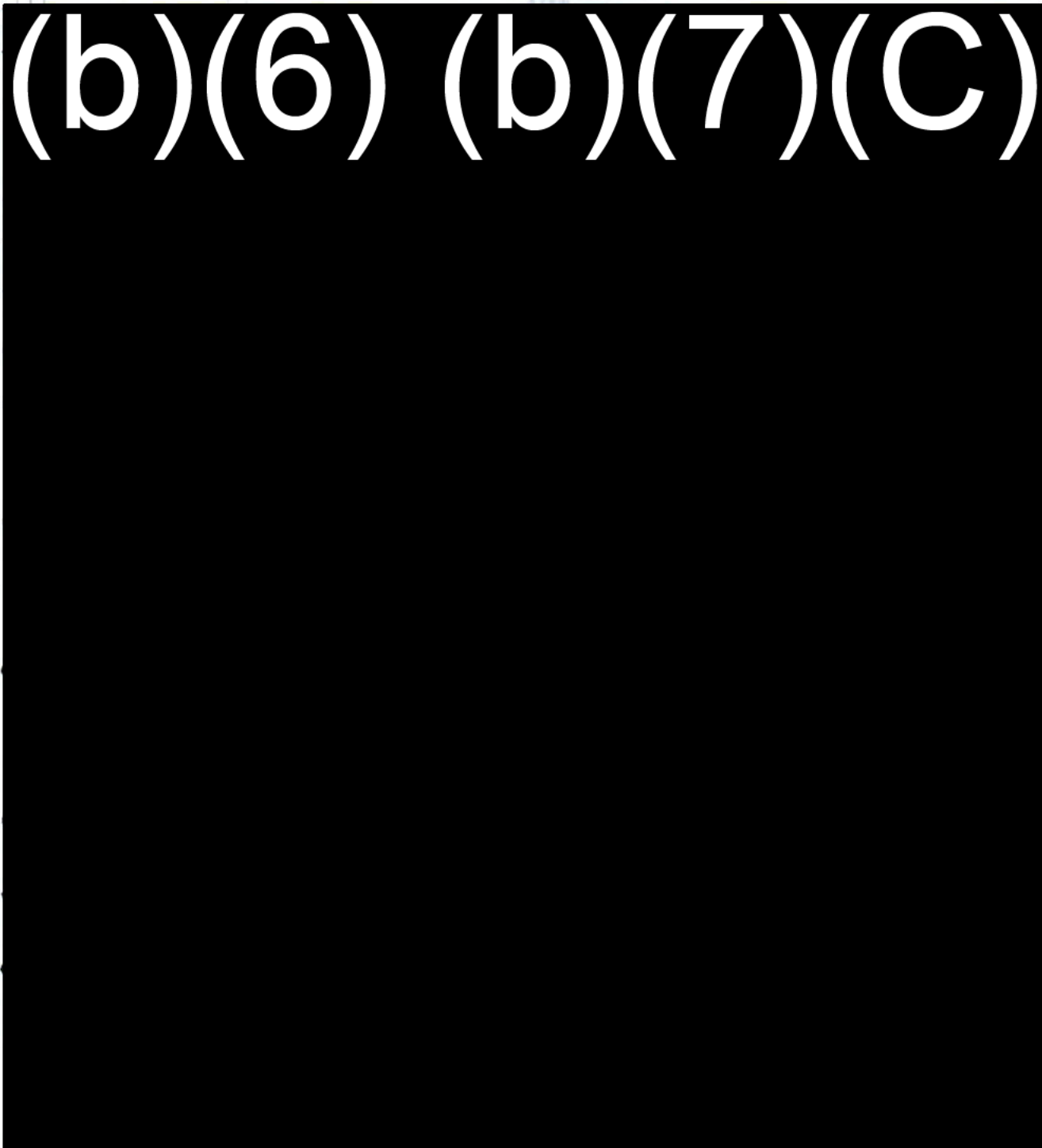
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(b)(6) (b)(7)(C)



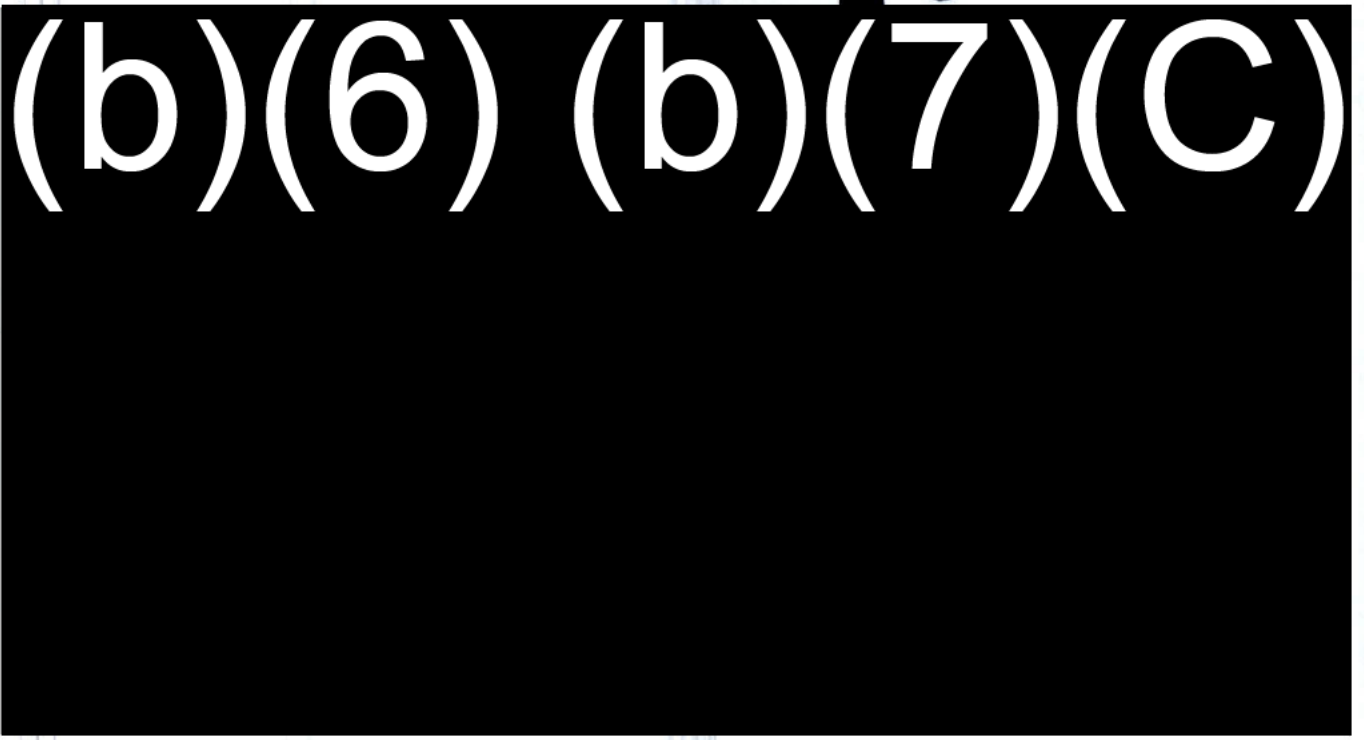
(b)(6) (b)(7)(C)



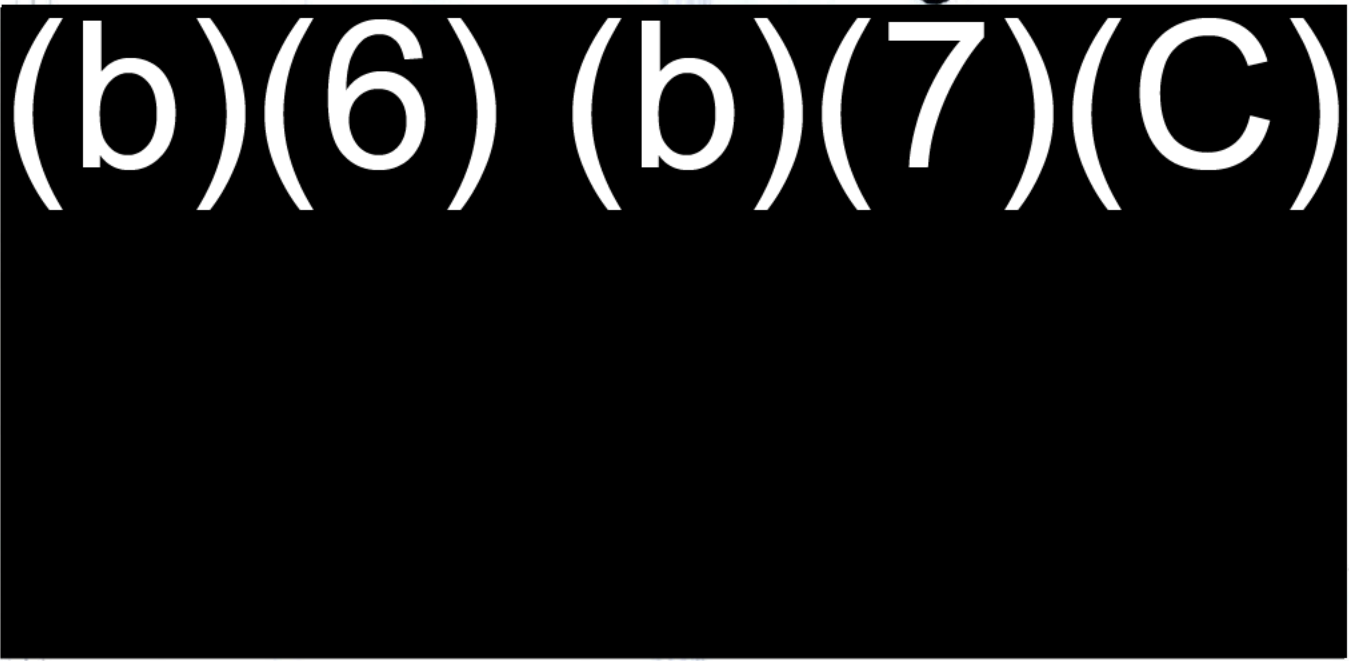
(b)(6) (b)(7)(C)



(b)(6) (b)(7)(C)



(b)(6) (b)(7)(C)



DIS REPORT OF NAC/ENTNAC		DATE 98/07/22		98195-8535	
CODE D0601	CONTROL CCN= 98190-DX4-0839-1B1	STATUS CLOSED			
DISTRIBUTION DIS D0620				COPY TO	
MADE BY DIS, PO BOX 28989, BALTIMORE, MD 21240-8989					
SEX F	SOCIAL SECURITY NO.	FORMER MIL. SV. NO.	BIRTH (DATE) (b)(6) (b)(7)(C)	(GPC) 17	(PLACE)
NI TITLE A/ (b)(6) (b)(7)(C) N/ (b)(6) (b)(7)(C)					

DATE _____

98/07/22

98195-8535

CODE
D0601

CONTROL

CCN= 98190-DX4-0839-1B1

STATUS	DATE	TIME	LOCATION	REMARKS
1	10/10/1964	10:00	1000	1000
2	10/10/1964	10:00	1000	1000
3	10/10/1964	10:00	1000	1000
4	10/10/1964	10:00	1000	1000
5	10/10/1964	10:00	1000	1000
6	10/10/1964	10:00	1000	1000
7	10/10/1964	10:00	1000	1000
8	10/10/1964	10:00	1000	1000
9	10/10/1964	10:00	1000	1000
10	10/10/1964	10:00	1000	1000
11	10/10/1964	10:00	1000	1000
12	10/10/1964	10:00	1000	1000
13	10/10/1964	10:00	1000	1000
14	10/10/1964	10:00	1000	1000
15	10/10/1964	10:00	1000	1000
16	10/10/1964	10:00	1000	1000
17	10/10/1964	10:00	1000	1000
18	10/10/1964	10:00	1000	1000
19	10/10/1964	10:00	1000	1000
20	10/10/1964	10:00	1000	1000
21	10/10/1964	10:00	1000	1000
22	10/10/1964	10:00	1000	1000
23	10/10/1964	10:00	1000	1000
24	10/10/1964	10:00	1000	1000
25	10/10/1964	10:00	1000	1000
26	10/10/1964	10:00	1000	1000
27	10/10/1964	10:00	1000	1000
28	10/10/1964	10:00	1000	1000
29	10/10/1964	10:00	1000	1000
30	10/10/1964	10:00	1000	1000
31	10/10/1964	10:00	1000	1000
32	10/10/1964	10:00	1000	1000
33	10/10/1964	10:00	1000	1000
34	10/10/1964	10:00	1000	1000
35	10/10/1964	10:00	1000	1000
36	10/10/1964	10:00	1000	1000
37	10/10/1964	10:00	1000	1000
38	10/10/1964	10:00	1000	1000
39	10/10/1964	10:00	1000	1000
40	10/10/1964	10:00	1000	1000
41	10/10/1964	10:00	1000	1000
42	10/10/1964	10:00	1000	1000
43	10/10/1964	10:00	1000	1000
44	10/10/1964	10:00	1000	1000
45	10/10/1964	10:00	1000	1000
46	10/10/1964	10:00	1000	1000
47	10/10/1964	10:00	1000	1000
48	10/10/1964	10:00	1000	1000
49	10/10/1964	10:00	1000	1000
50	10/10/1964	10:00	1000	1000
51	10/10/1964	10:00	1000	1000
52	10/10/1964	10:00	1000	1000
53	10/10/1964	10:00	1000	1000
54	10/10/1964	10:00	1000	1000
55	10/10/1964	10:00	1000	1000
56	10/10/1964	10:00	1000	1000
57	10/10/1964	10:00	1000	1000
58	10/10/1964	10:00	1000	1000
59	10/10/1964	10:00	1000	1000
60	10/10/1964	10:00	1000	1000
61	10/10/1964	10:00	1000	1000
62	10/10/1964	10:00	1000	1000
63	10/10/1964	10:00	1000	1000
64	10/10/1964	10:00	1000	1000
65	10/10/1964	10:00	1000	1000
66	10			

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MADE BY

DIS, PO BOX 28989, BALTIMORE, MD 21240-8989

SEX

SOCIAL SECURITY NO.

FORMER MIL. SV. NO.

BIRTH

(DATE)

BIRTH (DATE)
(b)(6) (b)(7)(C)

(GPC)

(PLACE)

17

NI TITLE

(b)(6) (b)(7)(C)

N/ (b)(6) (b)(7)(C)

SINGLE AGENCY CHECK CONDUCTED PER YOUR REQUEST, INCLUDING DCII CHECKS.
THE FOLLOWING AGENCIES WERE CHECKED WITH FAVORABLE RESULTS.

FBI - IDENT. DIV. NAME CHECK ONLY.

(b)(6) (b)(7)(C)

DIRECTOR, PIC

CLASSIFICATION

XX

RON

PAGE

1 LAST

DEPARTMENT OF DEFENSE - DEFENSE INVESTIGATIVE SERVICE
STANDARD SYSTEM DOCUMENT DIS FORM 1 (9-72)

SON-ERM

QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS

Form approved:
O.M.B. No. 3208-0007
NSN 7540-00-834-4038
86-111

Part 1

Investigating Agency Use Only

Codes

Case Number

Agency Use Only (Complete items A through P using instructions provided by the investigating agency).

A Type of Investigation	B Extra Coverage	C Sensitivity Level	D Access	E Nature of Action Code	F Date of Action	Month	Day	Year
G Geographic Location	H Position Code	I Position Title	J SON	K Location of Official Personnel Folder	L SOI	M Location of Security Folder	N OPAC-ALC Number	O Accounting Data and/or Agency Case Number
P Requesting Official	Name and Title	Signature	Telephone Number	Date				

Persons completing this form should begin with the questions below.

1 FULL NAME • If you have only initials in your name, use them and state (IO). • If you have no middle name, enter "NMN." Last Name: <u>SCHIPPERS</u> First Name: <u>DAVID</u> Middle Name: <u>Philip</u> Jr., II, etc.: <u>JR</u> Month: <u>11</u> Day: <u>04</u> Year: <u>29</u>	2 DATE OF BIRTH
3 PLACE OF BIRTH • Use the two letter code for the State. City: <u>CHICAGO</u> County: <u>COOK</u> State: <u>IL</u> Country (if not in the United States):	4 SOCIAL SECURITY NUMBER <u>(b)(6) (b)(7)(C)</u>

5 OTHER NAMES USED Give other names you used and the period of time you used them (for example: your maiden name, name[s] by a former marriage, former name[s], alias[es], or nickname[s]). If the other name is your maiden name, put "nee" in front of it.	#1 Name: <u>N/A</u> Month/Year: <u>To</u>	#2 Name: <u>To</u>	#3 Name: <u>To</u>	#4 Name: <u>To</u>
---	---	--------------------	--------------------	--------------------

6 OTHER IDENTIFYING INFORMATION	Height (feet and inches): <u>5'10</u>	Weight (pounds): <u>200</u>	Hair Color: <u>GREY</u>	Eye Color: <u>BLUE</u>	Sex (mark one box) Female <input type="checkbox"/> Male <input checked="" type="checkbox"/>
7 TELEPHONE NUMBERS	Work (include Area Code and extension): <u>(b)(6) (b)(7)(C)</u>	Home (include Area Code): <u>(b)(6) (b)(7)(C)</u>			

8 CITIZENSHIP Mark the box at the right that reflects your current citizenship status, and follow its instructions.	<input checked="" type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. Answer items b and d	<input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. Answer items b, c, and d	<input type="checkbox"/> I am not a U.S. citizen. Answer items b and e
			b Your Mother's Maiden Name <u>ANGELA LYONS</u>

c UNITED STATES CITIZENSHIP If you are a U.S. citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.			
Naturalization Certificate (Where were you naturalized?)			
Court: <u>N/A</u>	City:	State:	Certificate Number: Month/Day/Year Issued:
Citizenship Certificate (Where was the certificate issued?)			
City:	State:	Certificate Number:	Month/Day/Year Issued:

State Department Form 240 - Report of Birth Abroad of a Citizen of the United States

Give the date the form was prepared and give an explanation if needed.	Month/Day/Year	Explanation
--	----------------	-------------

U.S. Passport	Passport Number	Month/Day/Year Issued
---------------	-----------------	-----------------------

This may be either a current or previous U.S. Passport.

d DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.	Country: <u>N/A</u>
--	---------------------

e ALIEN If you are an alien, provide the following information:	Place You Entered the United States:	City	State	Date You Entered U.S. Month Day Year	Alien Registration Number	Country(ies) of Citizenship
---	--------------------------------------	------	-------	---	---------------------------	-----------------------------

9

WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last five years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

b6
b7C per FBI

#1	Month/Year 4/98	Month/Year To Present	Street Address (b)(6) (b)(7)(C)	Apt. #	City (Country) ALEXANDRIA	State VA	ZIP Code 22312
Name of Person Who Knew You			Street Address	Apt. #	City (Country) ALEXANDRIA	State VA	ZIP Code
					Telephone Number		
#2	Month/Year 8/64	Month/Year To Present	Street Address (b)(6) (b)(7)(C)	Apt. #	City (Country) NORTHBROOK	State IL	ZIP Code 60062
Name of Person Who Knew You			Street Address	Apt. #	City (Country) NORTHBROOK	State IL	ZIP Code 60062
					Telephone Number		
#3	Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
					Telephone Number		
#4	Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
					Telephone Number		
#5	Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
					Telephone Number		

10

WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 7 years. List College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

- Use one of the following codes in the "Code" block:

1 - High School

2 - College/University/Military College

3 - Vocational/Technical/Trade School

- For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.

- For correspondence schools and extension classes, provide the address where the records are maintained.

#1	Month/Year 9/55	Month/Year To 6/59	Code 2	Name of School LOYOLA UNIVERSITY School of Law	Degree/Diploma/Other J.D.	Month/Year Awarded 6/59
Street Address and City (Country) of School			Street Address	Apt. #	City (Country) CHICAGO	State IL
					ZIP Code 60611	Telephone Number
#2	Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School			Street Address	Apt. #	City (Country)	State
					ZIP Code	Telephone Number
#3	Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School			Street Address	Apt. #	City (Country)	State
					ZIP Code	Telephone Number

b6
b7C per FBI

Enter your Social Security Number before going to the next page

(b)(6) (b)(7)(C)

11 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday. EXCEPTION: Show all Federal civilian service, whether it occurred within the last 7 years or not.

• Code. Use one of the codes listed below to identify the type of employment:

- | | | | |
|-----------------------------------|--|--|-----------|
| 1 - Active military duty stations | 5 - State Government (Non-Federal employment) | 7 - Unemployment (Include name of person who can verify) | 9 - Other |
| 2 - National Guard/Reserve | 6 - Self-employment (Include business name and/or name of person who can verify) | 8 - Federal Contractor (List Contractor, not Federal agency) | |
| 3 - U.S.P.H.S. Commissioned Corps | | | |
| 4 - Other Federal employment | | | |

• Employer/Verifier Name. List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

• Previous Periods of Activity. Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank
#1 4/98	To Present	4	U.S. HOUSE OF REPRESENTATIVES - JUDICIARY	CHIEF INVESTIGATIVE COUNSEL
Employer's/Verifier's Street Address			City (Country)	State ZIP Code Telephone Number
RAYBURN BUILDING			WASHINGTON	DC 20575 (202) 225-3957
Street Address of Job Location (if different than Employer's Address)			City (Country)	State ZIP Code Telephone Number
FORD OFFICE BUILDING #12-187			WASHINGTON	DC 20575 (202) 226-3678
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State ZIP Code Telephone Number
- RAYBURN BLDG.			WASHINGTON	DC 20575 (202) 225-3957
Month/Year Month/Year		Position Title	Supervisor	
To				
Month/Year Month/Year		Position Title	Supervisor	
To				
Month/Year Month/Year		Position Title	Supervisor	
To				
#2 1/85	To Present	9	SCHIPPERS (b)(6) (b)(7)(C)	PARTNER / PRESIDENT
Employer's/Verifier's Street Address			City (Country)	State ZIP Code Telephone Number
20 N. CLARK ST. SUITE 3600			CHICAGO	IL 60602 (b)(6) (b)(7)(C)
Street Address of Job Location (if different than Employer's Address)			City (Country)	State ZIP Code Telephone Number
				()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State ZIP Code Telephone Number
NONE				()
Month/Year Month/Year		Position Title (PREVIOUS NAME)	Supervisor	
From 1985 to 1994		SCHIPPERS, (b)(6) (b)(7)(C)	CHARTERED - PRESIDENT	
Month/Year Month/Year		Position Title	Supervisor	
To				
Month/Year Month/Year		Position Title	Supervisor	
To				
#3 2/62	To 2/67	4	U.S. DEPARTMENT OF JUSTICE	CHIEF, ORGANIZED CRIME
Employer's/Verifier's Street Address			City (Country)	State ZIP Code Telephone Number
			CHICAGO	IL ()
Street Address of Job Location (if different than Employer's Address)			City (Country)	State ZIP Code Telephone Number
				()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State ZIP Code Telephone Number
ROBERT F. KENNEDY (DECEASED)				()
Month/Year Month/Year		Position Title	Supervisor	
To				
Month/Year Month/Year		Position Title	Supervisor	
To				
Month/Year Month/Year		Position Title	Supervisor	
To				

Enter your Social Security Number before going to the next page

→ (b)(6) (b)(7)(C)

YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#4	To					
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()

Month/Year	Month/Year	Position Title	Supervisor
To			
Month/Year	Month/Year	Position Title	Supervisor
To			
Month/Year	Month/Year	Position Title	Supervisor
To			

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#5	To					
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()

Month/Year	Month/Year	Position Title	Supervisor
To			
Month/Year	Month/Year	Position Title	Supervisor
To			
Month/Year	Month/Year	Position Title	Supervisor
To			

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#6	To					
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()

Month/Year	Month/Year	Position Title	Supervisor
To			
Month/Year	Month/Year	Position Title	Supervisor
To			
Month/Year	Month/Year	Position Title	Supervisor
To			

12 PEOPLE WHO KNOW YOU WELL

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

b6

b7C per FBI

Name	Dates Known Month/Year	Month/Year	Telephone Number
#1	1964	To PRESENT	() Day () Night
Home or Work Address	City (Country)	State	ZIP Code
(b)(6) (b)(7)(C)	Chicago	IL	60602
#2	1968	To PRESENT	() Day () Night
Home or Work Address	City (Country)	State	ZIP Code
(b)(6) (b)(7)(C)	Chicago	IL	60604
#3	1984	To PRESENT	() Day () Night
Home or Work Address	City (Country)	State	ZIP Code
(b)(6) (b)(7)(C)	ALEXANDRIA	VA	20015

Enter your Social Security Number before going to the next page

(b)(6) (b)(7)(C)

13 YOUR SPOUSE

Mark one box to show your current marital status and provide information about your spouse(s) in items a, and/or b.

☐ 1 - Never married
☒ 2 - Married

☐ 3 - Separated
☐ 4 - Legally Separated

☐ 5 - Divorced
☐ 6 - Widowed

a Current Spouse Complete the following about your current spouse only.

(b)(6) (b)(7)(C)		Date of Birth (b)(6) (b)(7)(C)	Place of Birth (Include country if outside the U.S.) CHICAGO, IL	Social Security Number (b)(6) (b)(7)(C)
Other Names Used (Specify maiden name, names by other marriages, etc. and show dates used for each name)		Country(ies) of Citizenship USA		
Date Married 4/19/52	Place Married (Include country if outside the U.S.) CHICAGO, IL			State IL
If Separated, Date of Separation	If Legally Separated, Where is the Record Located? City (Country)			State
Address of Current Spouse, if different than your current address (Street, city, and country if outside the U.S.)				State ZIP Code

b Former Spouse(s) Complete the following about your former spouse(s), use blank sheets if needed.

Full Name N/A	Date of Birth	Place of Birth (Include country if outside the U.S.)	State
Country(ies) of Citizenship	Date Married	Place Married (Include country if outside the U.S.)	State
Check One, Then Give Date <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Month/Day/Year	If Divorced, Where is the Record Located? City (Country)	State
Address of Former Spouse (Street, city, and country if outside the U.S.)		State ZIP Code	Telephone Number

14 YOUR RELATIVES AND ASSOCIATES

Give the full name, correct code, and other requested information for each of your relatives and associates, living or dead, specified below.

- | | | | | |
|---------------------|--------------------------|-------------------|--------------------|--------------------------------------|
| 1 - Mother (first) | 5 - Foster parent | 9 - Sister | 13 - Half-sister | 17 - Other Relative* |
| 2 - Father (second) | 6 - Child (adopted also) | 10 - Stepbrother | 14 - Father-in-law | 18 - Associate* |
| 3 - Stepmother | 7 - Stepchild | 11 - Stepsister | 15 - Mother-in-law | 19 - Adult Currently Living With You |
| 4 - Stepfather | 8 - Brother | 12 - Half-brother | 16 - Guardian | |

* Code 17 (Other Relative)-include only foreign national relatives not listed in 1-16 with whom you or your spouse are bound by affection, obligation, or close and continuing contact. Code 18 (Associates) - include only foreign national associates with whom you or your spouse are bound by affection, obligation, or close and continuing contact.

Full Name (if deceased, check box on the left before entering name)	Code	Date of Birth Month/Day/Year	Country of Birth	Country(ies) of Citizenship	Current Street Address and City (country) of Living Relatives	State
<input checked="" type="checkbox"/> ANGELA L. SCHIPPERS	1	UNKNOWN	U.S.	U.S.	N/A	
<input checked="" type="checkbox"/> DAVID P. SCHIPPERS, SR.	2	UNKNOWN	U.S.	U.S.	N/A	
<input checked="" type="checkbox"/> GERALD L. SCHIPPERS	8	10/4/31	U.S.	U.S.	N/A	
			U.S.	U.S.	WALTONA	WI
			U.S.	U.S.	FOX RIVER GROVE	IL
			U.S.	U.S.	LABILLARD	ME
			U.S.	U.S.	VERNON HILLS	IL
			U.S.	U.S.	MUNDLEIN	IL
			U.S.	U.S.	MUNDLEIN	IL
			U.S.	U.S.	EAU CLAIRE	WI
			U.S.	U.S.	MADISON	WI
			U.S.	U.S.	LACROSSE	WI

b6
b7C per FBI

Enter your Social Security Number before going to the next page

(b)(6) (b)(7)(C)

15 CITIZENSHIP OF YOUR RELATIVES AND ASSOCIATES

If your mother, father, sister, brother, child, or current spouse or person with whom you have a spouse-like relationship is a U.S. citizen by other than birth, or an alien residing in the U.S., provide the nature of the individual's relationship to you (Spouse, Spouse-like, Mother, etc.), and the individual's name and date of birth on the first line (this information is needed to pair it accurately with information in items 13 and 14).

On the second line, provide the individual's naturalization certificate or alien registration number and use one of the document codes below to identify proof of citizenship status. Provide additional information on that line as requested.

1. Naturalization Certificate: Provide the date issued and the location where the person was naturalized (Court, City and State).
2. Citizenship Certificate: Provide the date and location issued (City and State).

3. Alien Registration: Provide the date and place where the person entered the U.S. (City and State).
4. Other: Provide an explanation in the "Additional Information" block.

#1 Association	Name	Date of Birth (Month/Day/Year)
Certificate/Registration #	Document Code	Additional Information
#2 Association	Name	Date of Birth (Month/Day/Year)
Certificate/Registration #	Document Code	Additional Information

16 YOUR MILITARY HISTORY

a Have you served in the United States military?

b Have you served in the United States Merchant Marine?

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

• Code. Use one of the codes listed below to identify your branch of service:

1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard

• O/E. Mark "O" block for Officer or "E" block for Enlisted.

• Status. "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X": use the two-letter code for the state to mark the block.

• Country. If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year	Month/Year	Code	Service/Certificate #	O	E	Active	Active Reserve	Inactive Reserve	National Guard (State)	Country
To										
To										

17 YOUR FOREIGN ACTIVITIES

a Do you have any foreign property, business connections, or financial interests?

b Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?

c Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Does not include routine visa applications and border crossing contacts.)

d In the last 7 years, have you had an active passport that was issued by a foreign government?

If you answered "Yes" to a, b, c, or d above, explain in the space below: provide inclusive dates, names of firms and/or governments involved, and an explanation of your involvement.

Month/Year	Month/Year	Firm and/or Government	Explanation
To			
To			

18 FOREIGN COUNTRIES YOU HAVE VISITED

List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)

• Use one of these codes to indicate the purpose of your visit:

1 - Business 2 - Pleasure 3 - Education 4 - Other

• Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").

• Do not repeat travel covered in items 9, 10, or 11.

Month/Year	Month/Year	Code	Country	Month/Year	Month/Year	Code	Country
#1 10/97	To 10/97	1	CANADA	#3	To		
#2	To			#4	To		

This concludes Part 1 of this form. If you have used Page 9, continuation sheets, or blank sheets to complete any of the questions in Part 1, give the number for those questions in the space to the right:

Enter your Social Security Number before going to the next page

(b)(6) (b)(7)(C)

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
O.M.B. No. 3206-0007
NSN 7540-00-634-4036
66-111

Part 2

OFFICIAL
USE
ONLY

19 YOUR MILITARY RECORD

Have you ever received other than an honorable discharge from the military? If "Yes," provide the date of discharge and type of discharge below.

Yes	No
	<input checked="" type="checkbox"/>

Month/Year Type of Discharge

20 YOUR SELECTIVE SERVICE RECORD

a Are you a male born after December 31, 1959? If "No," go to 21. If "Yes," go to b.

b Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.

Yes	No
	<input checked="" type="checkbox"/>

Registration Number Legal Exemption Explanation

21 YOUR MEDICAL RECORD

In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?

Yes	No
	<input checked="" type="checkbox"/>

If you answered "Yes", provide the dates of treatment and the name and address of the therapist or doctor below, unless the consultation(s) involved only marital, family, or grief counseling, not related to violence by you.

Month/Year	Month/Year	Name/Address of Therapist or Doctor	State	ZIP Code
To				
To				

22 YOUR EMPLOYMENT RECORD

Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.

Yes	No
	<input checked="" type="checkbox"/>

Use the following codes and explain the reason your employment was ended:

- | | | |
|--|--|--|
| 1 - Fired from a job | 3 - Left a job by mutual agreement following allegations of misconduct | 5 - Left a job for other reasons under unfavorable circumstances |
| 2 - Quit a job after being told you'd be fired | 4 - Left a job by mutual agreement following allegations of unsatisfactory performance | |

Month/Year	Code	Specify Reason	Employer's Name and Address (Include city/Country if outside U.S.)	State	ZIP Code

23 YOUR POLICE RECORD

For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

Yes	No
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>

a Have you ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Military Justice)

b Have you ever been charged with or convicted of a firearms or explosives offense?

c Are there currently any charges pending against you for any criminal offense?

d Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?

e In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.)

f In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in response to a, b, c, d, or e above? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.)

If you answered "Yes" to a, b, c, d, e, or f above, explain below. Under "Offense," do not list specific penalty codes, list the actual offense or violation (for example, arson, theft, etc.).

Month/Year	Offense	Action Taken	Law Enforcement Authority/Court (Include City and county/country if outside U.S.)	State	ZIP Code

Enter your Social Security Number before going to the next page

→ (b)(6) (b)(7)(C)

24 YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

- a Since the age of 18 or in the last 7 years, whichever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?
- b Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?
- c In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?

Yes	No
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>

If you answered "Yes" to a or b above, provide the date(s), identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used.

Month/Year To	Month/Year To	Controlled Substance/Prescription Drug Used	Number of Times Used

25 YOUR USE OF ALCOHOL

In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?

Yes	No
	<input checked="" type="checkbox"/>

If you answered "Yes", provide the dates of treatment and the name and address of the counselor or doctor below. Do not repeat information reported in response to item 21 above.

Month/Year To	Month/Year To	Name/Address of Counselor or Doctor	State	ZIP Code

26 YOUR INVESTIGATIONS RECORD

- a Has the United States Government ever investigated your background and/or granted you a security clearance? If "Yes," use the codes that follow to provide the requested information below. If "Yes," but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading, below. If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.

Yes	No
<input checked="" type="checkbox"/>	

Codes for Investigating Agency

- 1 - Defense Department
2 - State Department
3 - Office of Personnel Management

4 - FBI

- 5 - Treasury Department
6 - Other (Specify)

Codes for Security Clearance Received

- 0 - Not Required
1 - Confidential
2 - Secret

3 - Top Secret

- 4 - Sensitive Compartmented Information
5 - Q

6 - L

- 7 - Other

Month/Year APPR. 1987	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code
		← UNKNOWN →					

- b To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "Yes," give date of action and agency. Note: An administrative downgrade or termination of a security clearance is not a revocation.

Yes	No
	<input checked="" type="checkbox"/>

Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action

27 YOUR FINANCIAL RECORD

- a In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?
- b In the last 7 years, have you had your wages garnished or had any property repossessed for any reason?
- c In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts?
- d In the last 7 years, have you had any judgments against you that have not been paid?

Yes	No
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>

If you answered "Yes" to a, b, c, or d, provide the information requested below:

Month/Year	Type of Action	Amount	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code

Enter your Social Security Number before going to the next page

→ (b)(6) (b)(7)(C)

28 YOUR FINANCIAL DELINQUENCIES

- a** In the last 7 years, have you been over 180 days delinquent on any debt(s)?
- b** Are you currently over 90 days delinquent on any debt(s)?

Yes	No
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>

If you answered "Yes" to a or b, provide the information requested below:

Incurred Month/Year	Satisfied Month/Year	Amount	Type of Loan or Obligation and Account Number	Name/Address of Creditor or Obligor	State	ZIP Code

29 PUBLIC RECORD CIVIL COURT ACTIONS

In the last 7 years, have you been a party to any public record civil court actions not listed elsewhere on this form?

Yes	No
<input checked="" type="checkbox"/>	

If you answered "Yes," provide the information about the public record civil court action requested below.

Month/Year	Nature of Action	Result of Action	Name of Parties Involved	Court (include City and county/country if outside U.S.)	State	ZIP Code
5/97	STOCKHOLDER DERIVATIVE	PENDING		Cir Ct-Cook Cty, Chicago	IL	

b6
b7C per FBI

30 YOUR ASSOCIATION RECORD

- a** Have you ever been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?
- b** Have you ever knowingly engaged in any acts or activities designed to overthrow the United States Government by force?

Yes	No
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>

If you answered "Yes" to a or b, explain in the space below.

Continuation Space

Use the continuation sheet(s) (SF 86A) for additional answers to items 9, 10, and 11. Use the space below to continue answers to all other items and any information you would like to add. If more space is needed than is provided below, use a blank sheet(s) of paper. Start each sheet with your name and Social Security Number. Before each answer, identify the number of the item.

14 [Redacted] U.S. [Redacted] b6
SAULK RAPAS, MN b7C per FBI

After completing Parts 1 and 2 of this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on page 10.

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature (Sign in ink)  Date 4/8/98

Enter your Social Security Number before going to the next page

(b)(6) (b)(7)(C)

DCII Person Search Results for:

SSN: (b)(6) (b)(7)(C) Name: SCHIPPERS DAVID PHILIP
DOB: 1929/11/04 SB: CB: LL: 75 FL: 75

SCHIPPERS, DAVID, PHILIP SSN=(b)(6) (b)(7)(C) DOB=1929/11/04 SB=IL CB=US
Dossier Loc=DDIS YR=1998 Number=190DX408391B1F Ctx=SUBJECT RTN=15 Year
Closed Date=1998/09/08

Clear Agcy=WHS Elig=T Granted=1998/09/14 Access=T Access Date=
Rev Act=CLNC Type Inv=SSBI Date Inv=1998/09/08 Cat=A Czip=A
Sep=
Files=> DDIS=1 AIRR=0 ACRD=0 FOSI=0
NCIS=0 DCIS=0 OPM=0 NRO=0 Others=0 , 0, 0 Exptn=

FUNCTION: _

SUBJECT: SCHIPPERS

SSN: (b)(6) (b)(7)(C)

**** INVESTIGATIONS SUMMARY ****

CASE TYPE	CASE #	STATUS	CA	DATE	INVESTIGATING AGENCY	SC	F
*****	*****	*****	**	*****	*****	**	*
OFI79SBI	P9841217	CLOSED	CM	07/14/1998	D/DEFENSE		N
OFI-79	P870059428	CLOSED PHASE I	CM	06/15/1987			N
OFI79SBI	P0433665	RECEIVED		06/15/2004	D/JUSTICE		N

**** ACTIVE CLEARANCE/ACCESS SUMMARY ****

LEVEL	AUTHORITY	AGENCY PHONE #	GRANTED	VALIDATED
*****	*****	*****	*****	*****

DO YOU WANT TO INITIATE A FILE RELEASE REQUEST? Y (ENTER Y OR N)

DO YOU WANT TO INITIATE A DCII SEARCH? N A JPAS SEARCH? N (ENTER Y OR N)

(A) AGENCY MENU (E) END

No record: ☒

No Pertinent Information: ☐

File Requested: ☐

Possible Match: ☐

(OPM-FIPC will follow up)

Case in Progress, contact OPM-FIPC

Checked by: OP

Facility Access and Security Unit

Date: 6/15/04